DAYCALT ADDI LOATION TO THE COMMENT								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10	8.0	2-13	70	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
Ľ	TOTAL CLAIM	\$		78		• • • •		. RATE . FEE		٦	RATE	FEE	
ſ	OR	NUMBE	A FILED	NUM	NUMBER EXTRA		BASIC FEE 385.00		OA	BASIC FEI	770.00		
1	OTAL CHARGE	A.8 m	ninus 20=	•	. 38		XS 9=		OR	X\$18=	SOX.		
ΙŅ	DEPENDENT (	3	ninus 3 =	•	9		X43=			VSC	301.		
M	ULTIPLE OEPE	NDENT CLAIM F	RESENT			. 0		+145=	+	OR		<del> </del>	
•	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		JOR	+290=	1071	
_	QLAIMS AS AMENDED - PART II							IOIAL	٠ ــــــــــــــــــــــــــــــــــــ	LOB	TOTAL	THAN	
/\ F	3.36.07	(Column 1)		(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
۲	·	REMAINING AFTER		NUMB	ER	PRESENT		RATE	ADDI- TIONAL	7	27	ADDI-	
E S	<u> </u>	AMENDMENT		PREVIO PAID F		EXTRA		7	FEE		RATE	TIONAL FEE	
AMENDMENT A	Total ·	. 48	Minus	- 4	8,	•,/	.	X\$ 9=	Y	OR	X\$18=		
AME	Independent	1.3	Minus		3			X43=	1	OR	X86=		
L	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=	1.		+290=	1	
								TOTAL		OR OR	TOTAL		
	•	(Column 1)		(Cotum	ın 2i	(Column 3)	A	DDIT. FEE	<u> </u>		ADDIT. FEE	· 7	
8	9/1	CLAIMS REMAINING		HIGHE	ST	PRESENT	۱г		ADDI-			ADDI-	
AMENOMENT B	1467.	AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL	1	RATE	TIONAL	
	Total	.46	Minus .	- 4.8	1	• /		X\$ 9=		OR	X\$18=		
AME	Independent	1.3	Minus	-3				X43= ·	•	OR	X86=		
_	FIRST PRESE	NTATION OF ML	JETIPLE DEI	PENDENT (	CLAIM	<u>Q.</u> J	┢	. 4 4 5		1			
	•		•				L	+145=		OR	+290=		
		40-1			_	•	Ą	OIT, FEE		JOR ,	DOTT. FEE		
	\ A .	(Column 1)	<del></del>	(Column		(Column 3)			·	٠			
71.0	alpha:	REMAINING AFTER		PREVIOU		PRESENT EXTRA	1	RATE	ADDI- TIONAL	1 1	RATE	ADDI- TIONAL	
ME	7/20/01	AMENDMENT / P/		PAID FO					FEE	ŀ		FEE	
AMENDMENTC	Tdtat /	• 46	Minus Minus	- 4g	<u> </u>	· ·	L	X\$ 9=		OR	X\$18=	:	
Ā		NTATION OF MU		FNDENT C	AIA F			X43=	•	OR	X86=		
				CHUZINI C	ALCO M			145=			+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR L	TOTAL		
	i the Trighest Nu	mber Previously Pai	d For IN THE	S SPACE is to	ect than	3 cote "7" .		TOTAL DIT. FEE			DOIT, FEE L		
. '	···· ·································	ber Previously Pald	Lot (10/51 Ot	machengent	),IS the I	nighest number	lound	in the app	propriate box	t in colu	mn 1. ·	4	

FORM PTO-875 (Rev. 10/03)